

GENERAL EXPENSE CLAIM FORM

Company Name : U Min Zaw, q / Sakana (N) 011230, 09-691450613

Department Name : Service

No.	Date	Name	Description	Amount	Remark
1.	20-2-25	90480	ZX210 LCH-5G x 1U# 90480 (Loading) Khwim Hla, Sagaing	15,000	Machine loading for ZX210 LCH-5G x 1U# 90480,
2.	20-2-25	3104	ME220 x 1U# 3104 (Loading) Beelin	15,000	ME220 x 1U# 3104
Total Amount				30,000	

Requested by

Approved by

Checked by

Approved by

Approved by

Sign :




Name: **Thandar Soe**
(Requester)

Name: **Sai Nanko**
(Department Head)

Name: **Tin Zar Hlaing**
(Related FNA/Corp FNA)

Name: **Aeng Thae Win**
(OM/AGM/GM)

Name: **Aye Min Htoon**
(ACOO/COO/MD/VCM)